

POST-10 <sup>41</sup>	INITIALS	ID NO.	DATE
	F-E		04-30-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	5/16
FORMALITY REVIEW	ink	SC 569	6/19/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date			
Final	Original			
1	✓	✓	✓	✓
2	✓	✓	✓	✓
3	✓	✓	✓	✓
4	✓	✓	✓	✓
5	✓	✓	✓	✓
6	✓	✓	✓	✓
7	✓	✓	✓	✓
8	✓	✓	✓	✓
9	✓	✓	✓	✓
10	✓	✓	✓	✓
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Claim	Date			
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

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H S.  
 6.19.01